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WITH A NEW POWER OF ATTORNEY  
AND  
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<b>Application Number</b>	10/690,421
<b>Filing Date</b>	10/20/2003
<b>First Named Inventor</b>	Steven S. Larsen
<b>Title</b>	Endodontic instrument
<b>Art Unit</b>	3732
<b>Examiner Name</b>	Lewis, Ralph A.
<b>Attorney Docket Number</b>	LARS0-001

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

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I am the:

☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

**SIGNATURE of Applicant or Assignee of Record**

Signature

Date

04/03/2012

Name

Steven S. Larsen

Telephone

Title and Company

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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